

to the practicing psychiatrist, to the teacher or research worker, is that here are reviewed about 1,200 articles and books. These are conveniently arranged into the following chapters: Part I, Manic-Depressive Psychosis: Definition and Description, Vital Statistics, Etiology, Physiopathologic Studies, Psychopathologic Studies, Diagnosis and Symptomatology, Manic-Depressive Psychosis in Childhood, Treatment, Complications and Sequelae, Prognosis, Prevention; Part II, Allied Conditions: Psychotic Reactions to Pregnancy, Involutional Psychoses, Reactive Depressions, Depressions of Old Age, Suicide.

Bellak introduces his own conception of manic-depressive psychosis in an introductory chapter. This he calls a multiple factor psychosomatic theory. Psychosomatic means that the etiologic elements may be primarily psychogenic or somatogenic, but always involve an admixture of the two. The clinical condition of manic-depressive psychosis consists of several widely differing syndromes with different etiologic factors and these may be anatomic, biochemic, physiologic, genetic, neurologic, or psychologic. The author believes that all psychopathology can be placed on a continuum from the relatively normal at one hand and proceeding through character disturbances and neuroses to manic-depressive psychosis and finally schizophrenia on the other hand. Psychopathology is determined by the libidinal structure of the personality and by the strength of the ego. An outstanding factor in the production of psychopathology is ego weakness, and this weakness is the result of faulty ego development or of afflictions of the cerebrum (histogenic, chemogenic, or genogenic of Cobb). The libidinal structure determines the content of psychopathology while the ego strength or organization determines the form which the content assumes. Psychopathologic symptoms are to be understood as compromise formations. These symptoms are an effort on the part of the individual to reestablish a state of equilibrium between a weakened ego and the libidinal forces. As the ego becomes progressively weaker, due to any cause whatsoever, one passes from character disturbance and neurosis through manic-depressive psychosis to catatonic episodes, paranoid states, and eventually to hebephrenic and total schizophrenic disintegration. The author proposes a schematic plan for the verification of this theory. The details of this plan and the theory itself cannot be done justice here, but must be read in the original.

In his theory Bellak is trying to construct a bridge between clinical diagnostic entities so as to bring these entities into one dynamic conceptual framework. He is concerned especially with the problem of the atypical or mixed cases, such as the "schizo-affective" psychoses and the reactive depressions. Such theories may be referred to as the continuum theories of psychopathology. All such holistic attempts are laudable and worth while, but if such continuum theories be true, why is it extremely rare to see a shift from a clear-cut schizophrenic state to a manic-depressive one? Or simi-

larly, why does a person with a classical neurosis, say hysteria, so rarely develop schizophrenia?

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WAR-HANDICAPPED CHILDREN. HOMELESS CHILDREN. By *Dr. Thérèse Brosse*. (New York: Columbia University Press, 1950. UNESCO publications No's 439 and 573 respectively. Price: \$0.50 each.)

These 2 publications are reports of conferences held under UN auspices on the problems faced in Europe concerning the social, educational, and psychological rehabilitation of hundreds of thousands of displaced and homeless children. These International Conferences of Directors of Children's Communities spelled out the scope of the problem, and matched what was being done for it with the thinking of experts in psychology, education, and psychiatry to work out a blueprint for the future. Some idea of the extent of the problem may be indicated by the reports that some of the children had not only moved many times in a few years, but had also twice changed their language, social environment, culture, religion, and even nationality.

Physical, psychological, and educational deprivation was found to be commonplace. The psychological manifestations included affect-less, bitter, insensitive, demanding, conscienceless, insecure, socially awkward, anxious, passive-withdrawn or hostile-aggressive children, often accompanied by a pseudo-mature type of worldly wisdom. From these children much is being learned about the influences of early life experience and the conditions under which the reversibility of serious personality distortions is possible.

A remarkable aspect of these reports is the feeling one gets of the enthusiasm, hopefulness, and intensity of the personnel working with these children, in spite of a divergence of approaches and levels of training brought to bear on the problems involved. There seems to be an impatience with "traditional" methods and institutions not meeting the children's needs or moving fast enough toward the over-all objective of "preparing children of the world to undertake the responsibilities of free men," and "to contribute to a lasting peace."

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STUDIES IN LOBOTOMY. By *Milton Greenblatt, M. D., Robert Arnot, M. D., and Harry C. Solomon, M. D.* (New York: Grune & Stratton, 1950. Price: \$10.00.)

This book concerns the work on prefrontal lobotomies that was started in 1943. It is written by many authors who did various phases of the work on this subject and who studied the patients adequately before as well as after the operation. There is an extensive review of the literature that covers various theories and views. The material used in